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ABSTRACT

Noting that sending information about children's health insurance through the school system is a very effective way to generate applications and enrollment for state health insurance programs, this issue brief is the first in a series to examine some of the innovative methods used to offer more children affordable health care. The brief presents a rationale for coordinating children's health insurance with the National School Lunch Program, including the similarity between children eligible for the two programs. The brief also describes the National School Lunch Program (NSLP) and how it operates, including application requirements. Some pitfalls are identified in coordinating the two programs, such as issues related to confidentiality, program differences in definitions of household income, immigration status and eligibility, program differences in the amount of information needed, and additional administrative costs. The brief then describes the guidance provided by the United States Department of Agriculture about coordinating the NSLP and children's health insurance and describes actions of Colorado, Illinois, and Washington in coordinating the programs. The early lessons learned about successfully coordinating school lunch and children's health insurance are identified and related to school meal application forms, school activities, and Medicaid/CHIP agency activities. (Contains 15 endnotes.) (KB)

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PROMISING IDEAS IN CHILDREN'S HEALTH INSURANCE

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Coordination with School Lunch Programs

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Promising Ideas is the first in a series of issue briefs about some of the innovative methods being explored to offer more children affordable health care. Schools are an obvious place to find children, and states are reporting that sending information about children's health insurance through the school system is a very effective way to generate applications and enrollment. There are many ways that children's insurance programs and school systems can work together. This paper highlights the school lunch program, where coordination is very much a work in progress with both opportunities and pitfalls.

MAY 1999

WHY DOES IT MAKE SENSE TO COORDINATE CHILDREN'S HEALTH INSURANCE WITH THE NATIONAL SCHOOL LUNCH PROGRAM?

◆ Both children's health insurance programs and school lunch programs offer free or low-cost services to lower income school-age children. It makes sense for children's health insurance programs to use information from school lunch programs to help identify children eligible for health insurance and simplify the process of getting it.

◆ Coordination makes sense for schools, too. Children whose parents can't afford to pay for medical care are less likely to get the kind of primary and preventive care children need to stay healthy. If children miss school days due to preventable illness and don't have vision and hearing problems identified and corrected, their education suffers. Teachers know that children experiencing pain from untreated earaches or tooth decay can't concentrate on learning. Insurance may also be a prerequisite for children to participate in school sports and other school-related activities.

◆ The similarity between children eligible for both programs invites several kinds of coordination. Insurance programs can use information about school lunch participation to target outreach and marketing efforts to school districts with a high concentration of lower income children. Schools can send home information about the availability of children's health insurance along with school lunch materials. With parental consent, the two programs can also exchange information—particularly income information—in order to simplify the application process. However, under current law, there are difficulties in making children who are eligible for the National School Lunch Program automatically eligible for Medicaid or CHIP.

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About the National School Lunch Program

The National School Lunch Program (NSLP) is a widespread, national program familiar to most low-income families with children. The NSLP provides low-cost and free lunches to over 26 million children each day across the country.[1] It is available in almost 95,000 schools (and residential child-care institutions), including about 99 percent of all public schools and many private schools.

Any child can purchase a lunch at full price; however, NSLP provides free and reduced-price lunches to lower income children.[2] To be eligible for free lunches, children must be from households with incomes at or below 130 percent of the federal poverty level. Children from households with incomes between 131 percent and 185 percent of the federal poverty level are eligible for reduced-price lunches.

About Medicaid and CHIP

Every state has a Medicaid program that offers free health insurance to children age 6-14 with family income up to 100 percent of the federal poverty level.[3] For many years, states have had the option under Medicaid to cover children up to age 18 with family income at 100 percent of poverty or more, and many did so. In addition, since the passage of the Children's Health Insurance Program (CHIP) in 1997, almost all states have raised income eligibility levels even higher under expanded Medicaid programs or new free or low-cost health insurance programs. As of March 1, 1999, the District of Columbia and 46 of the 50 states covered children with family income up to at least 130 percent of poverty—the income limit for the free lunch program. Of those, the District of Columbia and 36 states cover children up to at least 185 percent of poverty—the top income for reduced-price lunches.

How does the National School Lunch Program operate?

The Food and Nutrition Service, an agency of the United States Department of Agriculture (USDA), administers the National School Lunch Program in addition to other food and nutrition programs.[4] In most states, a state Department of Education oversees the program. Participation in the NSLP is voluntary, and local schools and school districts administer the program locally.

According to USDA guidelines,[5] participating schools must distribute a letter or notice, accompanied by a free or reduced-price meal application form, to all households of children attending the schools. New students enrolling after the beginning of the school year should also be given a notice and application at the time of enrollment.

USDA also requires outreach activities. Participating schools or school districts must notify the public of the availability of the NSLP. This notification, which should include eligibility criteria, must be provided to news media, employment offices, and any major employers considering large layoffs in the attendance area of the school.

Application Requirements

While the Food and Nutrition Service provides a prototype cover letter and school lunch application form, participating schools or school districts are free to choose the final format of the application (with the approval of the state agency).

USDA guidelines require that all school meal applications ask for the following to determine income eligibility:

- names of all household members,[6] including the child;
- the Social Security number of the adult member signing the application or an indication that the member does not have one;
- the household's current income amount and source,[7] and
- the signature of the adult household member.

There are no immigrant eligibility restrictions for free and reduced-price school lunches as there are in Medicaid and CHIP. School lunch application forms will not include citizenship information.

Families are not required to provide third party

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verification of the information supplied on the school lunch application form. However, school officials can seek verification at a later time for quality control purposes.

Families receiving food stamps or Temporary Assistance for Needy Families (TANF) are automatically eligible for free school lunches when they give their case numbers to the meal program.

WHAT ARE THE PITFALLS IN COORDINATING THE NSLP AND CHILDREN'S HEALTH INSURANCE?

◆ **Confidentiality.** Generally, the information in a school lunch application is confidential, as are the names and addresses of children receiving free and reduced-price meals. This is an important protection to families who might otherwise be reluctant to apply for free and reduced-price meals for their children. However it also means that schools cannot simply supply Medicaid and CHIP administrators with the names of children receiving free and low-cost meals. Families must waive confidentiality in order to give school food authorities permission to share information from the school lunch application with Medicaid and CHIP officials. Anti-discrimination rules also prohibit school officials from singling out children eligible for the NSLP in a way that would publicly identify them. For example, schools would not be able to distribute a flyer in school to only the low-income children participating in the NSLP. However, schools should be able to send information by mail or telephone to the parents of NSLP-eligible children.

PROPOSALS TO AMEND THE SCHOOL LUNCH LAW TO PERMIT INFORMATION-SHARING WITH MEDICAID HAVE NOT GONE VERY FAR FOR BUDGETARY REASONS. BUDGET OFFICIALS SAY THAT THE COSTS OF SIGNIFICANT MEDICAID ENROLLMENT INCREASES EXPECTED FROM NSLP INFORMATION-SHARING MUST BE OFFSET BY CUTS IN OTHER PROGRAMS OR PAID FOR WITH NEW REVENUE SOURCES.

◆ **Definition of Household Income.** The definitions of household and income used in the school meal program are not the same as in Medicaid. Eligibility for NSLP is based on gross income. Eligibility for Medicaid, by contrast, is based on "countable" income, which permits the deduction of day care expenses from earned income and excludes certain other income that would be counted by NSLP.

◆ **More Detailed Income Information.** All state Medicaid and CHIP programs will need enough income information to determine whether a child was eligible for Medicaid before CHIP expansions took effect.[8] This means that most states will need more detailed income information than that supplied on the school lunch application form. However, insurance programs can still rely on the income information in school lunch applications to streamline the application process. For example, an insurance program could initiate an application based on receipt of school lunch application forms and supplement the form with additional questions, or develop an abbreviated application form that only asks for the information not already supplied in the school lunch form. A state could also rely on school lunch eligibility in place of other third-party income verification. In addition, there are a few states in which Medicaid eligibility levels prior to CHIP were high enough that all children eligible for free and reduced-price school lunches could be automatically deemed income-eligible for Medicaid.

◆ **Immigration Status.** Medicaid and CHIP programs, unlike school lunch programs, restrict eligibility to citizens and certain "qualified aliens." School lunch applications will not have information about the child's citizenship status. To coordinate applications, children's insurance programs will need to ask questions about citizenship status not available from the school lunch form. In doing so, the insurance program should be careful not to imply that citizenship status will have any effect on school lunch eligibility. No one endorses changing the school lunch form to ask for citizenship information in the name of coordination because it would deter participation in the school lunch program.

◆ **Additional Information Needed for Medicaid and CHIP.** In addition to information about income deductions and citizenship status, there are several

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other kinds of eligibility information that children's insurance programs (but not school meal programs) will need, such as the child's current insurance status. CHIP expansion programs are limited to currently uninsured children. Separate CHIP programs may also have additional eligibility criteria related to how long a child has been uninsured or other factors.

◆ **Administrative Costs.** The school lunch program does not compensate schools for any added administrative expense involved in coordinating with the children's health insurance program. For such coordination to be sustainable, the costs to the schools must be negligible or additional funding must be provided. Children's health programs can compensate schools for the added costs of coordination as an administrative expense under Medicaid or CHIP.

◆ **Additional Provisions of the NSLP.** Under some circumstances, schools can offer children participation in the NSLP without the family completing an application form. Under the "direct certification" option, schools, by agreement with the state social service agency, can automatically offer free lunch to children identified by the social service agency as receiving TANF (the successor to AFDC) or Food Stamps. There are also circumstances where schools with a high concentration of children eligible for the free lunch program can choose to offer all children a free lunch. Schools electing this special provision will only distribute application forms once every four years. Child health agencies relying on the school lunch application form to offer information about insurance should be sure to identify schools in which children need not fill out a school lunch application to get NSLP. In these schools, child health information can be mailed out along with the notices supplying children with meal cards or other notice of NSLP eligibility.

WHAT GUIDANCE HAS THE USDA PROVIDED ABOUT COORDINATING THE NSLP AND CHILDREN'S HEALTH INSURANCE?

In response to President Clinton's call for interagency cooperation for Medicaid and CHIP outreach,[9] the USDA developed a new prototype cover letter and four new prototype school meal application forms that were distributed to the states in the fall of 1998. The new prototype forms ask parents whether they want to waive confidentiality in order to permit the school to share information from the application with children's health insurance programs. However, schools are not required to use these prototype forms. The USDA has also clarified its guidelines on disclosing information from school meal applications.

The four prototype applications have two kinds of formats for the waiver and two different texts. Waivers of confidentiality: 1) may be on a separate sheet attached to the school meal application, or 2) may be included as a section within the school meal application itself, and 3) may either allow release of the family's name and address to state children's health officials who will send application information to interested families or 4) may release all the information from the school meal application to children's health programs and initiate an application for insurance.

Instead of using the prototype school meal application, a school district can design its own form so long as the consent statement meets USDA criteria. A consent form could also be added to children's health applications in order to facilitate verification of income information with school meal programs.

In a recent memo to state agencies, the USDA clarified its guidelines on the disclosure of information on school meal applications pending issuance of a final rule.[10] The consent statement must do the following:

- It must identify the information that will be shared and how the information will be used.
- It must be signed and dated by the parent or guardian of the child's household.
- It must state that failing to sign the consent statement will not affect eligibility or participation for the food and nutrition program and that the information will not be shared by the receiving program with any other entity or program.
- The parent or guardian must be able to limit consent to only those programs with which he or she wishes to share information (e.g., check-off box indicating interest in a particular program).

WHAT HAVE SOME STATES DONE TO COORDINATE THE NSLP AND CHILDREN'S HEALTH INSURANCE?

COLORADO[11]

Using a special application form for school meal-eligible children

To make it easier to apply for the Colorado Child Health Plan (CCHP), the state's precursor to CHIP, the state designed an abbreviated application form for children receiving free and reduced-price meals. The short forms were used for four years until the state's new CHIP, Child Health Plan Plus (CHP+) was approved in the fall of 1998.

What did they do?

- Colorado developed a special abbreviated application form printed on the back of a brochure. It did not ask about household income, but instead asked for consent to verify that a child was eligible for the free or reduced-price lunch program.

- The short application also requested Social Security numbers, asset information, and previous Medicaid applications. It also asked families to choose a primary care provider from an enclosed list.

- CCHP developed partnerships with schools and distributed the short application to all children in participating schools. Those students not on the school meal program could not use the short form, but could apply using a full-length application also available at the school (as well as by mail from CCHP).

- Schools did not distribute the short form to children participating in free and reduced-price school lunch programs and CCHP could not identify these children. However, CCHP did know which schools had the highest percentage of free and reduced-price meal participants. CCHP used this information to target its marketing towards schools with high participation rates.

What were the results?

YEAR	SHORT APPLICATIONS DISTRIBUTED	CHILDREN ENROLLED
1994	31,500	400
1996	210,000	628
1997	280,000	1271

- In the 1997 campaign, an additional 5225 children were enrolled using the full-length applications.

Why did they discontinue?

- The new CHP+ application is also a Medicaid application. In order to determine eligibility for Medicaid, Colorado needed more detailed income information than whether a child's income was under the free or reduced-price lunch income limit.

- A second reason for discontinuing the short form was that Colorado officials considered the rate of return of the short enrollment forms, which were distributed to all children, too low to justify the cost of producing and distributing two different forms (short and long).

- However, CHP+ continues to use schools for outreach. CHP+ brochures are distributed in schools. CHP+ applications ask where the family heard about the health program and schools are the second most commonly reported source of information.

ILLINOIS[12]

Initiatives of the Chicago Public School System

The Chicago Public School System (CPS) amended its school lunch application form to authorize release of information to the Illinois Medicaid agency.[13] It also distributed information about children's health insurance to all students and distributed Medicaid application forms to parents of children eligible for free and reduced-price meals and not already receiving Medicaid. This information distribution was coordinated with hands-on application assistance on a day parents came to the schools to pick up report cards. Finally, CPS and the Medicaid agency piloted a program to offer presumptive eligibility to children participating in NSLP who had signed the authorization to share information on the new school lunch application form.

Information Distribution and Report Card Pick-Up Day

Illinois calls its children's health insurance KidCare. School-age children in families with income up to 133 percent of poverty are covered by Medicaid, and children with incomes between 134 and 185 percent of poverty are covered by a separate insurance program also administered by the Medicaid agency.

CHICAGO PUBLIC SCHOOLS PROFILE

Total children:	433,000
Total schools:	585
Total languages:	70
Percent "low-income" students based on NSLP:	80%
Children enrolled in NSLP who are not enrolled in Medicaid:	219,000

What did they do?

Information Distribution: Informational packets were sent home with every student in the Chicago Public Schools.

These packets included:

1. A letter from CPS informing parents of the state's new KidCare Program, and encouraging them to attend Report Card Pick-Up Day for assistance completing an application.
2. An informational flyer about KidCare and a list of documents to bring to school in order to complete the KidCare application.

In addition to this broad distribution, Chicago Public Schools sent out additional materials targeted at children likely to be eligible:

◆ As a Medicaid provider for children with special needs, CPS receives an electronic list of students enrolled in Medicaid from the state Medicaid agency on a monthly basis. CPS cross-referenced this data with data on children eligible for school lunches to identify those likely to be eligible for KidCare but not enrolled. These children were sent:

1. A KidCare application form.
2. Another letter inviting families to either return completed applications or receive assistance on Report Card Pick-Up Day.
3. A flyer with hotline assistance information for families with immigration concerns.

◆ The Medicaid agency supplied an application translated into Spanish. CPS initiated translation of application forms into four other languages.

◆ The initial expense of copying the application forms, translating the forms, and mailing out information was all borne by CPS with no certainty of later reimbursement by the Medicaid agency. However, the agency will be reimbursing at least some of these costs.

◆ CPS also used geo-coding software to map those schools in wards throughout the city with large numbers of children eligible for school lunches but not enrolled in Medicaid. CPS used these maps in describing its initiative to local elected officials and the public.

Report Card Pick-Up Day: In the fall of 1998, approximately 2000 trained volunteers were available at the Chicago schools to answer questions about the KidCare program and assist with completing application forms on the day parents came to school to pick up report cards.

Volunteers were recruited primarily by the Chicago Public Schools with help from community groups and the regional Health Care Financing Administration (HCFA) office. The volunteers were trained by the Illinois Medicaid agency training staff.

What were the results?

◆ State officials estimate that about 5000 applications representing about 13,000 children have been returned to KidCare through the schools. However, a significant percentage of these applications were denied for procedural reasons.

◆ CPS and the Medicaid agency plan to repeat this effort in the spring of 1999, and anticipate even better results the second time around. They will be using a new simplified application form using the KidCare logo and the Medicaid agency will be processing mail-in and outstation site applications in a central processing unit rather than the local offices. CPS will also be offering more assistance to families in the future. One school per region will be open on Saturdays and available to help families complete the application form after Report Card Pick-Up Day is over.

Medicaid Presumptive Eligibility

Under the Medicaid program, states can authorize certain "qualified entities" to approve Medicaid eligibility on a temporary basis while a regular Medicaid application is being processed. Illinois is experimenting with a variation on Medicaid presumptive eligibility through CPS.

What did they do?

- CPS modified their school meal application to include a section containing a statement for parents to sign in order to consent to the release of information to the Medicaid agency for purposes of applying for children's health insurance.
- Colored fliers in both English and Spanish announcing the new consent section were inserted in the school lunch application booklets sent to families. The cover letter and directions for the application also described the new section, and the new section itself was shaded in order to be more noticeable.
- The state agreed to provide temporary Medicaid eligibility for families who were identified by the Chicago Public Schools as eligible for free school meals and who had consented to the release of information on the school meal form.
- The program began with a small-scale pilot of up to 150 families who were to be granted presumptive eligibility. The remaining families were simply mailed an application form by the Medicaid agency. CPS randomly selected 150 families from those who signed the consent form, were receiving free lunches, and were not listed in their computer tape as enrolled in Medicaid. The state agency mailed out temporary medical cards to those of the 150 families not receiving Medicaid. The cards were valid from December 9, 1998, to January 31, 1999. Included in the mailing were a full-length mail-in application form and instructions to return the form by January 31,1999 in order to continue children's Medicaid coverage.

What were the results?

- Over 85,000 families whose children were eligible for free lunches but were not currently receiving Medicaid benefits signed the consent form.
- An additional 13,000 families whose children were eligible for reduced-price lunches but not currently receiving Medicaid benefits also signed the consent form.
- The number of applications returned by families awarded presumptive eligibility was quite low. However, there were several reasons why officials believe further testing of this approach is needed. For example, the presumptive period overlapped with the holidays and school vacation period when follow-up assistance was not available from the schools. Also, the new shorter application form using the KidCare logo was not yet available, and families may not have understood the long application form.
- CPS and the Medicaid agency are exploring the possibility of additional pilots of presumptive eligibility.

WASHINGTON

Including a check-off box for information about health insurance in school lunch applications

Washington was one of the first states to include a check-off for children's health insurance information on the school lunch application form. Two organizations, the Washington Health Foundation (WHF) and The Children's Alliance, are working with the state and the school districts on ways of getting better returns from coordination with the school lunch program.

School Meal Application Consent to Release of Information[14]

What did they do?

- For the past few years, a multi-use school meal application has been available to schools in Washington. The format has been modified over the years.
- The current multi-use application form has a section with a check-off box authorizing the release of the family's name and address to the Medicaid agency in order to get information about children's

health insurance. The form also includes a phone number to contact for more information about the health insurance program.

What were the results?

- Although half of the state's school districts have chosen to employ the multi-use application, the Medicaid agency has reported few referrals from the schools. During the 1996-1997 school year, the Seattle Public Schools forwarded 300 referrals to the state; in 1997-1998, none were forwarded.

- WHF conducted an audit of the Seattle Public Schools to try to learn why there were so few referrals. What WHF discovered was that families were signing the waiver, but the schools were not forwarding information to the Medicaid agency.

- In the 1997-1998 school year, 19,000 children in the Seattle Public Schools were eligible for free and reduced-price lunches. WHF found that parents of 8,000 children had indicated on the school meal application that they wanted more information about receiving free health care for their children. However, the schools forwarded none of these 8,000 names to the Medicaid agency.

- At the time of the audit, WHF found that 5,000 of the original 8,000 children had gotten Medicaid without a referral from the school, but 3,000 were still not enrolled in Medicaid.

- With a Robert Wood Johnson grant, WHF and The Children's Alliance are hoping to improve the number of referrals from the school lunch program.

- A recent survey of food service directors by The Children's Alliance revealed that most would be willing to share the names of families who want information about health care with the state Medicaid office, but have not received requests for that information or instructions on how to share it with the Medicaid agency.

- To address this problem, the state is developing a redesigned instruction packet for schools, signed by the Governor and the head of the State education agency, with a clearer explanation of the purposes of the insurance check-off and the procedures school personnel should follow for transferring information to the Medicaid agency.

- Another reform WHF and the Children's Alliance are exploring and hoping to pilot in the fall of 1999 is a redesigned school lunch application form. In the new school lunch application form, parents consent to sharing all information on the application with Medicaid; the form itself includes a no-carbon-required (NCR) duplicate. After completing the form for the school lunch program, the family can submit the duplicate directly to the Medicaid agency to initiate an application for children's insurance.

Return Postcards[15]

What did they do?

- The Children's Alliance piloted another outreach strategy related to the school lunch program in the fall of 1998. The Alliance printed postcards to be mailed out by schools at the same time school meal cards were mailed to families with children eligible for the school lunch program. The postage-paid cards addressed to the Medicaid agency requested applications for children's health insurance or other programs and supplied a toll-free number for more information.

- Three school districts participated in the pilot in the 1998 school year. The only extra work for school personnel was inserting the postcards into the envelopes with the school lunch card. (The Children's Alliance even folded the postcards for them).

- Overall, 10,000 postcards were designed, produced, and delivered to the schools by The Children's Alliance at the beginning of the fall of 1998.

What were the results?

- The Children's Alliance is still assessing the results of the postcards.

WHAT ARE THE EARLY LESSONS ABOUT SUCCESSFULLY COORDINATING SCHOOL LUNCH AND CHILDREN'S HEALTH INSURANCE?

Despite the problems presented in using the school lunch program to augment children's health insur-

ance outreach and enrollment efforts, it is still a promising way to communicate with families and target children who would be eligible for their state's Medicaid program or CHIP. However, coordinating children's health insurance with the school lunch program will require careful planning to succeed.

Coordination requires interest and commitment from both the schools and the Medicaid/ CHIP agency. There must also be coordination within each organization among the school district officials, school principals, and other school personnel, and among the state agencies and county offices administering Medicaid and/or CHIP. Also, as the experience of Chicago and Washington state shows, the two programs must be attentive to what works and what doesn't, and willing to make changes to improve coordination. Some of the other key lessons suggested by early state experiences trying to coordinate the NSLP and children's health insurance include:

School meal application forms:

- Plan early. Modifications to the school meal applica-tions for the upcoming school year are likely to be made in the spring.

- In some states the CHIP program is separate from Medicaid and administered by a different agency. Be sure the wording of the release covers both programs.

- Include a telephone number families can call to get more information about children's health insurance if they aren't yet ready to apply.

- Use distinctive graphics to identify the consent section and/or include a brightly colored flyer explaining the new consent section.

- In school districts with a large immigrant population, include a telephone number where families can obtain information about immigration issues related to applying for children's health insurance.

- In choosing among the four USDA prototype forms, take account of the resources available to the school to record and transmit information and the purposes for which the children's health program is willing to use information from the school lunch form. For example, if school resources are very limited, a tear-off sheet or duplicate form that the family can send directly to the child health program may be a better idea than information the school must record and transmit.

- Even if a school chooses not to modify its school meal application form, include information about children's health insurance when distributing school lunch application packets to families.

School activities:

- Provide clear instructions and training to school food personnel about what to do after receiving a school lunch application in which the parent has signed the consent section.

- Include a field in the school lunch computer database to identify families consenting to the release of information to Medicaid and CHIP authorities so that this information can be retrieved and shared with minimal administrative expense.

- Follow-up with the Medicaid/CHIP agency on the results of referrals from the school, and work out barriers to enrollment.

- If the school is also a Medicaid provider, run a computer cross-match to identify children likely to be eligible for Medicaid and not enrolled, and send these families information about children's health insurance programs.

- Couple a school event with a CHIP outreach effort as Chicago did with its Report Card Pick-Up Day.

- .Make available trained school personnel and/or volunteers to answer questions and help families complete the insurance application form. If that's not possible, make sure school personnel know where to refer families with questions about children's insurance.

- Encourage the Medicaid/CHIP agency to outstation eligibility workers in the schools.

- Obtain application forms and brochures from the Medicaid/CHIP agency, and make the information available in the school.

- Work with the Medicaid/CHIP agency on improvements to its application and enrollment system—such as the initiative of the Chicago Public Schools to translate Medicaid applications into more languages.

Medicaid/CHIP agency activities:

- Initiate Medicaid/CHIP applications based on the receipt of school lunch application information.
- Develop abbreviated forms to supplement information missing from the school lunch form.
- Send out application forms and instructions to families referred to the agency through the schools.
- Track applications received as a result of school outreach activities.
- Where income rules are compatible, get consent on children's health application forms to verify eligibility for free or reduced-price school lunches instead of other income verification.
- Follow-up with the schools on the results of their referrals, and work out barriers to enrollment
- Offer training, and materials about children's health insurance to participating schools.
- Outstation eligibility workers in large school districts.
- Compensate schools for additional administrative expenses associated with coordinating with children's health insurance.
- Use data about NSLP participation rates to target school districts with a high number of children who are eligible for the school lunch program for special marketing activities.
- Where schools are Medicaid providers, consider certifying schools to make presumptive eligibility determinations.

FOR MORE INFORMATION

USDA Food and Nutrition Service and the National School Lunch Program
www.fns.usda.gov/fns/
www.fns.usda.gov/cnd/Lunch/Default.htm
www.fns.usda.gov/fns/menu/whatsnew/chip/-chip.htm

STATE MEDICAID/CHIP SITES:

Colorado Child Health Plan Plus
www.state.co.us/gov_dir/chcpf/cbhp.html

Illinois KidCare
www.state.il.us/dpa/kidcare.htm

Washington Basic Health Plan
www.wa.gov/hca/Basic.htm

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ENDNOTES

1. USDA Office of Communications, *Agriculture Fact Book 1998*, Washington, D.C., November, 1998.
2. All references hereafter to the NSLP refer to the free and reduced price component of the school lunch program.
3. This category of Medicaid coverage applies to children age 6 and over who were born after September 30, 1983. By 2002 all poor children age 6-18 will be covered.
4. USDA Office of Communications, *Agriculture Fact Book 1998*, Washington, D.C., November, 1998. Many of the coordination strategies described in the text can also be applied to other child nutrition programs administered by USDA.
5. USDA Food and Nutrition Services, *Eligibility Guidance for School Meals Manual*, Washington, D.C., August, 1991.
6. According to USDA guidelines, a household is defined as any group of related or unrelated individuals who are not residents of an institution, but whose housing and/or all significant income and expenditures of the members are shared.
7. USDA guidelines also state that "income" is any money received on a recurring basis, including gross earned income, unless specifically excluded by legislation. "Current income" is any income received during the month prior to application.
8. The federal government reimburses insurance programs at a different rate for children eligible for the Medicaid program prior to any CHIP expansion from the rate for a CHIP expansion (whether a Medicaid expansion or a new insurance program). Every state drawing on CHIP funds will have at least two different programs it needs to identify for billing purposes, even if the programs are identical in every other way—Medicaid before CHIP and expanded Medicaid or a new program after CHIP. States that used CHIP to both expand Medicaid and fund separate program will have to determine for which of three programs a child is eligible.
9. White House Office of the Press Secretary, Memorandum for the Secretary of the Treasury, the Secretary of Agriculture, the Secretary of the Interior, the Secretary of Labor, the Secretary of Health and Human Services, the Secretary of Housing and Urban Development, the Secretary of Education, the Commissioner of Social Security, Washington, D.C., February 18, 1998.
10. Stanley C. Garnett, Director of USDA Child Nutrition Division, Limited Disclosure of Children's Free and Reduced Price Meal or Free Milk Eligibility Information Memo to State Agencies of Child Nutrition Programs, Washington, D.C., December 7, 1998.
11. Personal communication with Susan Tyler, Director of Marketing and Communications for Child Health Advocates, Colorado Child Health Plan.
12. Personal communication with John Quane, Director for Administrative Support for the Office of Specialized Services, Chicago Public Schools; Juanita Martinez, KidCare Project Manager, Chicago Public Schools; Jacquetta Ellinger, Illinois Department of Public Aid; Joyce Metz, Illinois Department of Human Services.
13. Both the Illinois Department of Public Aid and the Department of Human Services are involved with Medicaid administration; they are referred to collectively in the text as the Medicaid agency.
14. Personal communication with Claudia Sanders, Campaign Director, Washington State Campaign for Kids, Washington Health Foundation, and Cassie Sauer, Health and Nutrition Coordinator, Children's Alliance.
15. Personal communication with Cassie Sauer, Health and Nutrition Coordinator, Children's Alliance.

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